

EXHIBIT E

CONSUMER COMPLAINT FORM
OFFICE OF THE ATTORNEY GENERAL
CONSUMER PROTECTION DIVISION

File your complaint online at <https://fortress.wa.gov/atg/formhandler/ago/ComplaintForm.aspx> for faster processing. The Washington State Office of the Attorney General, Consumer Resource Center processes complaints that involve either Washington state residents or businesses located in Washington state. Information marked with * is required.

I. YOUR INFORMATION

* Last Name:	* First Name:	Middle Initial:	
* Address:	* City:	*State	*Zip
* Contact Phone: ()	Alternate Phone: ()		
* E-Mail Address:			

Are you a member or former member of the U.S. Armed Forces, Guard, Reserves or a dependent?
(Optional): ☐ YES ☐ NO

If English is not your first language, what is your first language? (Optional):

For our statistics, please select your age group (Optional): ☐ 18-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 59+ ☐ Under 8

II. BUSINESS(ES) YOU ARE FILING COMPLAINT AGAINST

* Business Name:			
* Address:	* City:	*State	*Zip
* Business Phone: ()	E-Mail:	Website:	
Names/addresses/phone numbers of other businesses you are filing this complaint against:			

Transaction date: _____ **Amount in dispute: \$** _____

State your complaint and how the business can resolve your complaint:

[illegible]

III. ACKNOWLEDGEMENT & SIGNATURE (Required)*

By signing this complaint form, I understand that the Washington State Attorney General's Office will contact the business(es) against which I have filed this complaint in an effort to reach an amicable resolution. I authorize the business(es) against which I have filed this complaint to communicate with and provide information related to my complaint to the Washington State Attorney General's Office. By submitting this consumer complaint, I understand that the Attorney General cannot answer legal questions or give legal advice to me and cannot act as my personal lawyer.

I declare, under penalty of perjury under the laws of the State of Washington, that the information contained in this complaint is true and accurate, and that any documents attached are true and accurate copies of the originals.

Signature: _____ Date: _____ City: _____ State: _____

Please Read Important Information: If your complaint is submitted without the above acknowledgment and declaration signatures, we will not be able to process but will keep on file in our complaint database as a public record.

OFFICE OF THE ATTORNEY GENERAL
CONSUMER PROTECTION DIVISION
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